

Medicaid Managed Care Quarterly Transparency Report

State Fiscal Year 2020 – Quarter 2

Response to Act 482 of the 2018 Regular Legislative Session

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Revision Log

Date	Section Changed	Description
12/11/2020	Expansion Per Member Per Month Payments: Table 3, page 5	Payments for December 2019 were updated to reflect a correction of error made in aggregating totals for December.
12/11/2020	Pharmacy Benefits Managers: Tables 7 and 8, pages 11 and 12.	PBM revenue and rebate data for Aetna (ABH) were updated based on corrected reports submitted by ABH on 8/10/2020 for October, November and December 2019.
12/11/2020	Pharmacy Benefits Managers: Tables 7 and 8, pages 11 and 12.	PBM revenue and rebate data for UnitedHealthCare Community Plan (UHC) were updated based on corrected reports submitted by UHC on 11/24/2020 for October and December 2019.

Introduction

This report is submitted in response to Act 482 of the 2018 Regular Legislative Session. The report contains requested data on the Medicaid expansion population and managed care organization (MCO) pharmacy benefits managers (PBM). As part of the Medicaid Managed Care Transparency Report, this report includes only those expansion population counts and expenditures for individuals enrolled in an MCO for either full or partial benefits. The report will be produced quarterly and according to the following schedule.

State Fiscal Year Quarter	Months Reported	Report Issue Date
Q1	July, August, September	January 20
Q2	October, November, December	April 20
Q3	January, February, March	July 20
Q4	April, May, June	October 20

Each quarterly report will provide monthly data for the reporting period, as well as unduplicated year-to-date (YTD) totals for the 2020 state fiscal year. A collective chart of the data submitted in each quarterly report will be included in the annual Medicaid Managed Care Transparency Report.

All data reported will be current as of the run date of each report; however, some data may change over time due to the dynamic nature of Medicaid enrollment and claims processing. Claims data will be reported based on “date of payment”, rather than “date of service” as previously reported under Senate Resolution 163 of the 2017 Regular Legislative Session. This will minimize fluctuations in data due to claim lag when data for the same reporting period is reported at a later date. Likewise, because Medicaid provides for retroactive enrollment, enrollment data presented each quarter may vary somewhat from data reported in the annual summary or other future reports.

Acronyms Used in This Report

Throughout this report, several acronyms are used to enable the concise presentation of data in tables. These acronyms are presented below.

Managed Care Organizations

ABH Aetna Better Health
ACLA Amerihealth Caritas of Louisiana
HB Healthy Blue
LHCC Louisiana Healthcare Connections
UHC UnitedHealthCare Community Plan

Other Acronyms

MCO Managed Care Organization
DBPM Dental Benefits Plan Manager
PBM Pharmacy Benefits Manager
SFY State Fiscal Year
YTD Year to Date
ED Emergency Department
NEMT Non-Emergency Medical Transportation
CMS Centers for Medicare & Medicaid Services
MCNA Managed Care of North America, Inc. (the DBPM)

Louisiana Medicaid Expansion Population

On July 1, 2016, per Executive Order JBE 16-01, Louisiana expanded Medicaid coverage under the Affordable Care Act to adults aged 19 through 64 under 138% of the Federal Poverty Level. The majority of the expansion group receive full Medicaid coverage through enrollment in one of five contracted Medicaid MCOs. Each month, less than 1% of expansion enrollees may temporarily require a short period of coverage for certain services under fee for service (FFS)—enrollees such as those who fall under incarceration or may be in transition within Medicare. In these cases, FFS data are not included in this report due to the lack of statistical significance.

Expansion Enrollment by Age Cohort and MCO

During the current reporting quarter, October 1, 2019 through December 31, 2019, the unduplicated count of expansion enrollees enrolled in an MCO equaled 497,612. **Table 1** provides a breakdown of enrollees by age cohort, MCO and month. Totals for each MCO and for the fiscal YTD are unduplicated and therefore will not equal the sum of counts by MCO or the sum of counts by month.

Table 1: Expansion enrollment by age cohort and MCO, SFY 2020 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2019						
Ages 19 to 49	34,545	48,092	71,696	99,972	107,824	362,129
Ages 50 to 64	13,844	13,304	20,788	24,244	27,931	100,111
Total	48,389	61,396	92,484	124,216	135,755	462,240
November 2019						
Ages 19 to 49	34,169	47,398	70,960	98,312	105,814	356,653
Ages 50 to 64	13,811	13,319	20,820	24,037	27,804	99,791
Total	47,980	60,717	91,780	122,349	133,618	456,444
December 2019						
Ages 19 to 49	35,066	48,431	72,797	100,086	107,735	364,115
Ages 50 to 64	14,181	13,654	21,412	24,471	28,375	102,093
Total	49,247	62,085	94,209	124,557	136,110	466,208
SFY 2020 Q2 Total						
Ages 19 to 49	37,965	52,116	78,274	107,526	115,978	390,479
Ages 50 to 64	15,177	14,577	22,870	26,101	30,269	108,630
Total¹	52,949	66,493	100,835	133,270	145,813	497,612
SFY 2019 YTD¹	57,506	71,775	108,695	143,316	157,521	534,679

Source: Medicaid Data Warehouse, data extracted 02/26/2020.

¹ Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs.

Expansion Enrollees with Earned Income

Table 2 presents the number of expansion enrollees in each MCO with earned income. Approximately 57% of the expansion population for quarter 2 reported earned income. This analysis may include individuals with a disability or other persons identified in CMS guidance whose ability to work may be limited, such as students and individuals with complex medical conditions.

Table 2: Unduplicated expansion enrollees with earned income by age cohort and MCO, SFY 2020 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2019						
Ages 19 to 49	18,727	28,242	41,883	61,162	65,049	215,063
Ages 50 to 64	5,199	5,196	8,218	10,114	11,321	40,048
Total	23,926	33,438	50,101	71,276	76,370	255,111
November 2019						
Ages 19 to 49	18,456	27,892	41,547	60,332	63,867	212,094
Ages 50 to 64	5,238	5,249	8,234	10,062	11,255	40,038
Total	23,694	33,141	49,781	70,394	75,122	252,132
December 2019						
Ages 19 to 49	19,436	29,152	43,588	62,644	66,416	221,236
Ages 50 to 64	5,538	5,567	8,731	10,527	11,851	42,214
Total	24,974	34,719	52,319	73,171	78,267	263,450
SFY 2020 Q2 Total						
Ages 19 to 49	21,415	31,669	47,334	67,899	72,266	239,672
Ages 50 to 64	5,998	5,986	9,443	11,314	12,787	45,340
Total²	27,358	37,587	56,660	79,064	84,871	284,437
SFY 2020 YTD²	30,081	41,042	61,757	86,004	92,718	308,841

Source: Medicaid Eligibility Data System, data extracted on 2/18/2020.

² Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs. Members can be in more than one age group in the quarter at different months therefore the quarterly totals are de-duplicated and will not equal the total between age groups.

Expansion Per Member Per Month Payments

In the second quarter of SFY 2020, total payments equaling \$875,679,025 were issued to the five MCOs in order to manage the care of individuals in the expansion population for medical, specialized behavioral health, pharmacy and transportation services. **Table 3** presents the total payments made to each MCO, per month, to cover the cost of care for individuals that the MCO was assigned from the expansion population.

Table 3: Total payments to MCOs for expansion population, SFY 2020 Quarter 2

	ABH	ACLA	HB	LHCC	UHC	Total
October 2019	\$36,992,431	\$44,431,574	\$67,684,475	\$89,128,068	\$99,439,243	\$337,675,791
November 2019	\$30,583,710	\$36,908,353	\$56,120,103	\$71,104,514	\$82,281,339	\$276,998,019
December 2019	\$28,340,794	\$34,507,225	\$52,565,463	\$68,994,650	\$76,597,083	\$261,005,215
SFY 2020 Q2 Total	\$95,916,935	\$115,847,152	\$176,370,041	\$229,227,232	\$258,317,665	\$875,679,025
SFY 2020 YTD	\$187,986,971	\$226,476,281	\$341,756,407	\$445,903,788	\$503,100,806	\$1,705,224,253

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 9/3/2020.

In addition to the services provided by the MCOs, the state contracts with a single dental benefit program manager, MCNA, Inc., to provide administration of dental benefits for the expansion population. Expansion enrollees aged 19 and 20 years are eligible for *all Medicaid covered dental services*. Enrollees 21 years of age and over are eligible for *covered denture services only*. **Table 4** provides total payments for dental benefits by month of payment.

Table 4: Total payments for dental benefits for expansion population, SFY 2020 Quarter 2

	MCNA
October 2019³	\$3,481,253
November 2019	\$1,085,770
December 2019	\$1,069,967
SFY 2020 Q2 Total	\$5,636,990
SFY 2020 YTD	\$6,719,853

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 1/8/2020 and 2/7/2020.

Medicaid Expansion Population Service Utilization

As requested in Act 482 of the 2018 Regular Legislative Session, this section provides a comparison of specified service utilization for the expansion population and the non-expansion population, by age cohort. The expansion population covers any adult who meets the eligibility criteria of aged 19 to 64 years old and has a household income less than 138% of the federal poverty level that do not meet other Medicaid categorical (Aged, Blind, Child-related, Disabled, or are not

³ October payments include October, as well as, the August and September payments that were postponed due to delays in the Emergency Contract approval which LDH entered with MCNA to continue delivery of dental benefits after the cancellation of the 2018 RFP. Final approval was received in October.

eligible for or enrolled in Medicare) eligibility criteria. Non-expansion includes all other groups of individuals including children under 19, pregnant women, low-income parents/caretakers/relatives of minor children, and individuals over age 65, blind, or disabled.

The number of recipients who received services is unduplicated within each service category and reporting time period and, as a result, cannot be added to ascertain the total number of recipients who received services each month. Total MCO expenditures within these reporting categories in SFY 2020 quarter 2 were \$538,623,567 for the **expansion** population and \$735,476,133 for the **non-expansion** population. This includes claim payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 42% of total payments by the MCOs to providers for the six categories of service presented are attributed to utilization by the expansion population.

Table 5a: Emergency Department⁴ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2019	November 2019	December 2019	SFY 2020 Q2	October 2019	November 2019	December 2019	SFY 2020 Q2	
0 to 18 ⁵	Recipients	0	0	0	0	52,043	42,915	42,528	118,174	0.0%
	Payments	\$0	\$0	\$0	\$0	\$8,618,855	\$7,172,062	\$7,167,365	\$22,958,282	0.0%
19 to 49	Recipients	40,916	29,325	30,404	81,680	20,335	14,409	14,954	39,008	67.7%
	Payments	\$7,999,781	\$5,914,964	\$6,356,009	\$20,270,753	\$4,365,656	\$3,114,528	\$3,320,686	\$10,800,870	65.2%
50 to 64	Recipients	9,676	6,571	6,704	18,950	6,607	4,534	4,905	12,174	60.9%
	Payments	\$2,163,241	\$1,519,734	\$1,605,465	\$5,288,441	\$1,622,607	\$1,163,764	\$1,316,113	\$4,102,485	56.3%
65+ ⁵	Recipients	0	0	0	0	147	103	96	279	0.0%
	Payments	\$0	\$0	\$0	\$0	\$39,763	\$28,648	\$21,609	\$90,020	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2019	November 2019	December 2019	SFY 2020 Q2	October 2019	November 2019	December 2019	SFY 2020 Q2	
0 to 18 ⁶	Recipients	0	0	0	0	4,893	4,544	4,224	12,766	0.0%
	Payments	\$0	\$0	\$0	\$0	\$31,471,786	\$28,645,249	\$29,902,608	\$90,019,643	0.0%
19 to 49	Recipients	4,893	4,413	4,301	12,161	4,095	3,640	3,889	10,563	53.5%

⁴ Emergency department includes facility cost only. Cost associated with physician services are included in table 5f.

⁵ Medicaid Expansion population covers adults ages 19 through 64.

⁶ Medicaid Expansion population covers adults ages 19 through 64.

	Payments	\$27,007,256	\$25,580,225	\$24,378,773	\$76,966,254	\$18,936,096	\$18,053,154	\$17,881,297	\$54,870,546	58.4%
50 to 64	Recipients	1,721	1,461	1,469	4,051	1,380	1,273	1,319	3,227	55.7%
	Payments	\$13,474,454	\$12,787,808	\$12,275,035	\$38,537,297	\$11,386,026	\$11,395,703	\$10,300,806	\$33,082,534	53.8%
65+ ⁶	Recipients	0	0	0	0	54	53	45	129	0.0%
	Payments	\$0	\$0	\$0	\$0	\$539,846	\$557,892	\$481,372	\$1,579,110	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2019	November 2019	December 2019	SFY 2020 Q2	October 2019	November 2019	December 2019	SFY 2020 Q2	
0 to 18 ⁶	Recipients	0	0	0	0	92,067	78,877	76,724	188,399	0.0%
	Payments	\$0	\$0	\$0	\$0	\$21,306,809	\$16,854,379	\$16,807,764	\$54,968,952	0.0%
19 to 49	Recipients	72,896	57,526	57,524	130,759	39,089	31,615	31,580	66,421	66.3%
	Payments	\$27,040,510	\$20,835,317	\$19,339,272	\$67,215,099	\$16,986,818	\$12,800,725	\$12,069,103	\$41,856,647	61.6%
50 to 64	Recipients	31,374	25,575	24,911	50,845	17,352	14,431	14,600	26,877	65.4%
	Payments	\$20,000,599	\$15,625,869	\$13,571,584	\$49,198,052	\$14,861,456	\$11,453,513	\$10,654,460	\$36,969,429	57.1%
65+ ⁶	Recipients	0	0	0	0	505	414	413	825	0.0%
	Payments	\$0	\$0	\$0	\$0	\$362,149	\$264,592	\$304,030	\$930,771	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

Table 5d: Non-Emergency Medical Transportation (NEMT) service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2019	November 2019	December 2019	SFY 2020 Q2	October 2019	November 2019	December 2019	SFY 2020 Q2	
0 to 18 ⁷	Recipients	0	0	0	0	3,351	3,769	2,802	7,587	0.0%
	Payments	\$0	\$0	\$0	\$0	\$667,010	\$736,849	\$681,160	\$2,085,019	0.0%
19 to 49	Recipients	4,009	4,287	3,655	8,173	4,779	5,243	4,479	8,674	48.5%
	Payments	\$910,312	\$1,037,483	\$908,515	\$2,856,310	\$1,028,882	\$1,224,046	\$1,053,988	\$3,326,915	46.2%
50 to 64	Recipients	2,602	2,849	2,341	4,808	6,128	6,591	5,653	10,000	32.5%

⁷ Medicaid Expansion population covers adults ages 19 through 64.

65+ ⁷	Payments	\$472,376	\$560,232	\$488,421	\$1,521,029	\$1,156,677	\$1,478,822	\$1,187,245	\$3,822,744	28.5%
	Recipients	0	0	0	0	2,099	2,320	1,991	3,523	0.0%
	Payments	\$0	\$0	\$0	\$0	\$422,543	\$547,681	\$443,579	\$1,413,803	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2019	November 2019	December 2019	SFY 2020 Q2	October 2019	November 2019	December 2019	SFY 2020 Q2	
0 to 18 ⁷	Recipients	0	0	0	0	198,849	215,879	187,566	356,251	0.0%
	Payments	\$0	\$0	\$0	\$0	\$27,973,508	\$29,205,806	\$26,745,507	\$83,924,821	0.0%
19 to 49	Recipients	141,237	136,491	131,829	203,860	69,274	66,696	63,871	96,635	67.8%
	Payments	\$45,530,488	\$40,935,517	\$38,945,495	\$125,411,500	\$28,706,775	\$25,858,831	\$25,021,830	\$79,587,435	61.2%
50 to 64	Recipients	63,616	61,789	60,576	77,347	34,039	33,793	33,321	39,088	66.4%
	Payments	\$27,175,409	\$24,328,252	\$22,790,185	\$74,293,846	\$23,892,441	\$22,006,493	\$20,561,291	\$66,460,224	52.8%
65+ ⁷	Recipients	0	0	0	0	1,186	1,161	1,123	1,541	0.0%
	Payments	\$0	\$0	\$0	\$0	\$396,627	\$391,573	\$387,477	\$1,176,678	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/14/2020.

Table 5f: Physicians⁸ service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 2

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		October 2019	November 2019	December 2019	SFY 2020 Q2	October 2019	November 2019	December 2019	SFY 2020 Q2	
0 to 18 ⁹	Recipients	0	0	0	0	212,135	215,246	196,958	391,702	0.0%
	Payments	\$0	\$0	\$0	\$0	\$31,536,406	\$31,086,451	\$29,168,784	\$91,791,640	0.0%
19 to 49	Recipients	102,286	94,563	91,506	176,879	53,942	50,329	48,555	87,077	67.0%
	Payments	\$18,718,685	\$16,183,775	\$15,697,512	\$50,599,973	\$11,835,983	\$10,161,031	\$9,902,060	\$31,899,074	61.3%
50 to 64	Recipients	39,461	36,146	34,421	61,813	22,019	20,438	19,945	32,300	65.7%
	Payments	\$10,130,555	\$8,375,910	\$7,958,549	\$26,465,015	\$6,372,676	\$5,435,559	\$5,359,022	\$17,167,257	60.7%
65+ ⁹	Recipients	0	0	0	0	712	643	640	1,140	0.0%
	Payments	\$0	\$0	\$0	\$0	\$232,453	\$178,277	\$181,501	\$592,232	0.0%

⁸ Includes both emergency and non-emergency services.

⁹ Medicaid Expansion population covers adults ages 19 through 64.

Pharmacy Benefit Managers

All five MCOs manage pharmacy benefits for members enrolled with full-benefits coverage. Partial-benefit members continue to receive pharmacy benefits under fee-for-service Medicaid. An MCO can self-administer its pharmacy benefits or subcontract with a pharmacy benefit manager (PBM). **Table 6** lists the name of each PBM, identified as contracted or owned and whether the PBM was a subsidiary of the MCO's parent company during SFY 2020 quarter 2.

Table 6: MCO PBMs, SFY 2020 Quarter 2

MCO	PBM	MCO/PBM Relationship
ABH	CaremarkPCS Health	CVS Health Corporation is the ultimate owner of both Aetna (MCO) and Caremark (PBM). Aetna has an intercompany agreement with Caremark for PBM services.
ACLA	PerformRx	Both AmeriHealth Caritas Louisiana, Inc. and PerformRx are wholly-owned by AmeriHealth Caritas Health Plan. ACLA subcontracts with PerformRx for PBM services.
HB	IngenioRx	Healthy Blue is a joint venture between Blue Cross Blue Shield Louisiana and Amerigroup Partnership Plan, LLC. Anthem, Inc. is the ultimate parent company of Amerigroup and IngenioRx. IngenioRx provides PBM service to Healthy Blue under a master intercompany services agreement.
LHCC	Envolve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Envolve Pharmacy Solutions (EPS). LHCC has a PBM contract with EPS and CVS is a subcontractor of EPS.
UHC	OptumRx	UnitedHealth Group is the parent company of both OptumRx and UnitedHealthcare of Louisiana. UnitedHealthcare of Louisiana, has a contractual relationship with OptumRx for PBM Services.

Source: Self-reported by MCOs

PBM Revenue Streams

Table 7 provides a listing of revenues paid monthly to each PBM for management of the MCO's pharmacy benefit, including any rebates earned and retained by either the PBM or the MCO. All amounts are reported on a cash basis in the month received or remitted. The time period for collection of rebates by the PBM and remittance to the MCO varies across plans, with some occurring monthly and others quarterly. Rebates collected by the MCO are not remitted to the Department; however, these amounts are used by the actuary as a reduction in net pharmacy costs in the calculation of capitation rates. A quarterly and year-to-date summary for SFY 2020 are provided in Table 8.

In advance of the statutory deadline established by Act 482 of the 2018 regular legislative session, MCO contracts were amended to implement certain changes in the managed care pharmacy program that impact the data presented in this section. Effective May 1, 2019, these changes specifically limited contracts for PBM services to a transaction fee only, based on a set rate established by LDH. The current rate set by the Department is \$1.25 per processed claim. With implementation of a single preferred drug list (PDL), PBMs are no longer allowed to enter into supplemental rebate agreements on drugs included on the single

PDL nor are they allowed to engage in spread pricing. However, because these figures are reported on a cash-flow basis, some rebates and discounts that were accrued prior to the May 1 contract amendment were paid and reported after the May 1 effective date. For dates of services on and after May 1, 2019, the MCO/PBMs may collect rebates on items not included on the single PDL, such as diabetes testing supplies.

Table 7: MCO PBM revenues by month, SFY 2020 Quarter 2

	ABH	ACLA	HB ¹⁰	LHCC	UHC
October 2019					
Transaction Fees Paid by MCO to PBM	\$98,168	\$453,596	\$157,068	\$647,974	\$660,335
Rebates and Discounts Retained by the MCO or PBM ¹¹	\$0	\$0	\$0	\$0	-\$326,124
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing ¹²	\$0	\$0	-\$442	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists ¹²	\$0	\$0	\$28	\$0	\$0
November 2019					
Transaction Fees Paid by MCO to PBM	\$88,018	\$461,677	\$218,744	\$597,795	\$926,548
Rebates and Discounts Retained by the MCO or PBM ¹³	\$663,798	\$0	\$509,260	\$0	\$0
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing	\$0	\$0	\$0	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
December 2019					
Transaction Fees Paid by MCO to PBM	\$91,254	\$456,221	\$150,649	\$591,836	\$915,299
Rebates and Discounts Retained by the MCO or PBM ¹³	\$0	\$772,210	\$98,163	\$1,360,570	\$1,528,256
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing ¹²	\$0	\$0	-\$83	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

¹⁰ Quarter 2 amounts for Healthy Blue include data for Express Scripts and IngenioRx combined.

¹¹ UHC reported adjustments for dates of service 10/2018 – 3/2019.

¹² Spread pricing amounts and other monies reported by Healthy Blue are for dates of services received prior to May 2019 by ESI.

¹³ Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL. Post single PDL rebates collected by MCO/PBMs are primarily on diabetic supplies.

Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2020

	ABH	ACLA	HB ¹⁴	LHCC	UHC
SFY 2020 Q2 Total					
Transaction Fees Paid by MCO to PBM	\$277,440	\$1,371,494	\$526,461	\$1,837,605	\$2,502,182
Rebates and Discounts Retained by the MCO or PBM ¹⁵	\$663,798	\$772,210	\$607,423	\$1,360,570	\$1,202,132
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing ¹⁶	\$0	\$0	-\$525	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists ¹⁷	\$0	\$0	\$28	\$0	\$0
SFY 2020 YTD (July 2019 – June 2020)					
Transaction Fees Paid by MCO to PBM	\$553,237	\$2,703,391	\$1,006,481	\$3,560,612	\$4,441,174
Rebates and Discounts Retained by the MCO or PBM ¹⁵	\$1,494,224	\$2,166,067	\$2,379,954	\$5,374,132	\$5,159,728
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing ¹⁶	\$0	\$0	-\$886	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists ¹⁷	\$0	\$0	\$829	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

¹⁴ Quarter 1 amounts for Healthy Blue include data for Express Scripts and IngenioRx combined.

¹⁵ Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL. Post single PDL rebates collected by MCO/PBMs are primarily on diabetic supplies.

¹⁶ Spread pricing amounts reported by Healthy Blue are reflective of claims paid and adjustments made for services received prior to May 2019.

¹⁷ Other monies reported by HB are listed as fees for vaccine administration, member notification or contract transition, and coordination of benefits billed quarterly for services received prior to May 2019.

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